08-29-01

Please type a plus sign (+) inside this box ->

PTO/SB/08A (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Commisso if Known

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute	for	form	1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet of

	implete il Kilowii
Application Number	09/208.547
Filing Date	March 14, 2001
First Named Inventor	Metcalt
Group Art Unit	
Examiner Name	
Attorney Docket Number	SAA-64

U.S. PATENT DOCUMENTS U.S. Patent Document Pages, Columns, Lines, Date of Publication of Name of Patentee or Applicant Cite Where Relevant Kind Code Cited Document of Cited Document Passages or Relevant Initials* MM-DD-YYYY Figures Appear 10-06-199 a pad opoulos claim 16 6,283 154 tapadeparlus 6,151,625 5wala

	FOREIGN PATENT DOCUMENTS								
Examiner	Cite		Foreign Patent Do		Name of Patentee or	Date of Publication of	Pages, Columns, Lines, Where Relevant		
Initials*	No.1	Office ³	Number4	Kind Code ⁵ (if known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Passages or Relevant Figures Appear	T ₆	
								$oxed{oxed}$	
							· · ·		
				0.11					
								1	
\vdash		├			<u> </u>			₩	
		\vdash			· · · · · · · · · · · · · · · · · · ·			\vdash	
\vdash		 				1	•	\vdash	
							·		
					, , , , , , , , , , , , , , , , , , ,			П	

Examiner	Date	
Signature	Considered	

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. 2 See attached Kinds of U.S. Patent Documents. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Please type a plus sign (+) inside this box 🔿	T
---	---

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet of

Complete if Known				
Application Number	09/808,547			
Filing Date	March 14,2001			
First Named Inventor	March 14,2001 Metcalt			
Group Art Unit				
Examiner Name				
Attorney Docket Number	SAA-64			

y	U.S. PATENT DOCUMENTS							
Examiner Initials	Cite No.1	U.S. Patent D	Nocument Kind Code ² (if known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
	3	6,151,6	25	Sweles	11-21-2000-	cel 11 lines 23-24		
	4	5, 699, 5	Tab	K ras laveley	12-16-1497	Col 2 Imes 53-57		
	3	6, 233,60	2682	Sunter	05-15-2001	cal 2 /mes 59-61		
			\bot			Cal 3 lines 8-10		
						col 4 lines 16-19		
						Gol 4 lines 66-67		
						col 5 /mes -2+021		
						ad 6 1mas 11-14		
						cal 11 claves 2		
	6	5,2054	24	Crater	9-8-1958	Col 6 Imes 52-52		
			$\perp \perp \perp$					
	·					·		

	FOREIGN PATENT DOCUMENTS								
			Foreign Patent Do		Name of Patentee or	Date of Publication of	Pages, Columns, Lines, Where Relevant	Т	
Examiner Initials*	Cite No. ¹	Office ³	Number ⁴	Kind Code ⁵ (if known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Passages or Relevant Figures Appear	T ⁶	
								↓_	
		<u> </u>						┷	
				1 1					

Examiner	_	Date	
Signature	C	Considered	

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Please type a plus sign (+) inside this box -> 3	۲	I
--	---	---

PTO/SB/08B (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it contains a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

for form 1449B	VPTO		Complete if Known				
			Application Number	09/ 808, 547			
RMATI	ON D	ISCLOSURE	Fiting Date	March 14, 2001			
FMFN	T RY	APPLICANT	First Named Inventor	Metcult			
		All I Elo/titl	Group Art Unit				
(use as ma	ny sheet:	s as necessary)	Examiner Name				
3	of	_3	Attorney Docket Number	SAA-64			
	RMATION EMEN	EMENT BY	RMATION DISCLOSURE EMENT BY APPLICANT	RMATION DISCLOSURE Filing Date First Named Inventor Group Art Unit (use as many sheets as necessary) Application Number Filing Date First Named Inventor Group Art Unit Examiner Name			

1			OTHER PRIOR ART NON PATENT LITERATURE DOCUMENTS	
į	Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		7	www.modhus.ora/accomed 12/20/00 195 1,2	
		8	WWW. Modicon. com/opennibus/Source/ Sources. fage 1,2. Modbus Plus Network Planning and Installator Guide, 850 USE 100 o Version 3.0 Schneider Electric	
		9	Modbus Plus Network Planning and Installater Guile, 850 USE 100 0 Version 3.0 Schneider Electron	ر ب
		9	April 1996 page 186, 187, 188, 189, 190, 191	
		9	1998 continued 192, 193.	
		•		
ŀ				
l				

Examiner	Date
Signature	Considered

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.